



# State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/29/2007

Business ID: 492497

William M. Gardner

Secretary of State

GERD DROOFF ASSOCIATES, INC.

15 CORNERSTONE CIR  
PLYMOUTH, MA 02360

ADDRESS OF PRINCIPAL OFFICE:

15 CORNERSTONE CIR  
PLYMOUTH, MA 02360

REGISTERED AGENT AND OFFICE:

DROOFF, MICHAEL J., ESQ  
SHEEHAN PHINNEY BASS GREEN , 1000 ELM ST  
MANCHESTER, NH 03105

ENTITY TYPE: CORPORATION

BUSINESS ID: 492497

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

IMPORTATION, EXPORTATION, DISTRIBUTION OF HARDWARE AND  
OTHER GOODS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Gerd Drooff

STREET 15 Cornerstone Circle

CITY/STATE/ZIP Plymouth Ma 02360

TREAS. Gerd Drooff

STREET 15 Cornerstone Circle

CITY/STATE/ZIP Plymouth Ma 02360

SEC'Y. Nancy Drooff

STREET 15 Cornerstone Circle

CITY/STATE/ZIP Plymouth Ma 02360

NAME .....

STREET .....

CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Gerd Drooff

STREET 15 Cornerstone Circle

CITY/STATE/ZIP Plymouth Ma 02360

DIR. Nancy Drooff

STREET 15 Cornerstone Circle

CITY/STATE/ZIP Plymouth Ma 02360

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Michael J Drooff

Please print name and title of signer:

Michael J Drooff

/ AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529